



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS
DIVISION OF APPRENTICE STANDARDS

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SPONSOR VERIFICATION REQUEST FORM

Email verification request with proof of online payment to: DASverification@MASS.GOV

Name of Company: _____

Address of Company: _____

Contact Person: _____

Contact Phone and Email: _____

Project Name: _____

City/Town of Project: _____

Project Number (if applicable): _____

Awarding Authority: _____

Awarding Contact Email/Phone # _____

Bid Date: _____

Approved Trade(s): _____

Does this Project Bid Require "Good Standing" by Local Union Sponsor(s)? ☐ Yes ☐ No

If Yes, how do Union(s) verify Good Standing:

☐ Letter Attached ☐ Union Reports to DAS ☐ By DAS Request

Union: _____

Union Contact(s) Name/Address/Email/Telephone:

There is a \$50 fee for all Sponsor Verifications (paid online). Online payment instructions are available at : <https://www.mass.gov/lists/apprenticeship-program-forms-and-publications>

PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR PROCESSING

Ver. 7/29/20

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